

Attorney Docket No. 1000035-000060

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	MAIL STOP AF Reply Under 37 C.F.R. 1.116 - Expedited Procedure - Technology Center 3700  Group Art Unit: 3744  Examiner: JOHN K FORD		
Lars Christian Fabricius et al.			
Application No.: 10/718,577			
Filing Date: November 24, 2003			
Title: A COMMISSIONING MODULE FOR A SELUID DISTRIBUTION SYSTEM	Confirmation No.: 1227		
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## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Enclosed is a reply for the above-identified patent application.  $\boxtimes$ A Petition for Extension of Time is enclosed. Terminal Disclaimer(s) and the \$\infty\$ \$65 \$\infty\$ \$130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed. 冈 Also enclosed is/are: Notice of Appeal Small entity status is hereby claimed. Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Boxed{\Boxes} \\$ 395 \$\Boxed{\Boxes} \\$ 790 fee due under 37 C.F.R. \\$ 1.17(e). Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above. Applicant(s) previously submitted \_\_\_ continued examination is requested. П Applicant(s) requests suspension of action by the Office until at least , which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Amendment/Reply Transmittal Letter Application No. <u>10/718,577</u> Attorney's Docket No. <u>1000035-000060</u> Page 2

$\boxtimes$	No additional claim fee is required.								
	An additional claim fee is required, and is calculated as shown below:								
			AMENDE	D CLAIMS					
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee			
Total Claims		33	35	0	x \$ 50 (1202)	\$			
Independent Claims		3	4	0	x \$ 200 (1201)				
☐ If A	\$								
Total	\$								
☐ Sm	nall Entity Status cla	aimed - subt	ract 50% of Total	Claim Ame	ndment Fee				
TOTA	\$								
	Charge to Deposit Account No. 02-4800 for the fee due.  A check in the amount of is enclosed for the fee due.								
$\boxtimes$	Charge \$1,520.00 to credit card for the fee due. Form PTO-2038 is attached.								
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.								
Date	August 13, 2007		Buchanan II	NGERSOLL O	& ROONEY PC	-			

Registration No. 28223

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620